



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6  
SITE NUMBER (to be assigned by HQ) 8704-92  
TXD981155955

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Magnolia Rd. Site		B. STREET (or other Identifier) Magnolia St. off Telephone Rd.		
C. CITY Pearland	TXD 981155 955	D. STATE TX	E. ZIP CODE 77442	F. COUNTY NAME Brazoria
G. OWNER/OPERATOR (if known) 1. NAME Unknown		2. TELEPHONE NUMBER		
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input checked="" type="checkbox"/> 6. UNKNOWN				

I. SITE DESCRIPTION Wastes were allegedly dumped on and along side Magnolia Rd. and other Brazoria County roads. Exact locations of alleged dumping are unknown.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Interview from PRP investigation.

K. DATE IDENTIFIED  
(mo., day, & yr.)

4-3-86

L. PRINCIPAL STATE CONTACT

1. NAME

Christy Smith-Texas Water Commission

2. TELEPHONE NUMBER

(512)463-7794

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)

SUPERFUND

FILE

FEB 02 1993

REORGANIZED

C. PREPARER INFORMATION

1. NAME

Jean Salinas, FIT

2. TELEPHONE NUMBER

(214)742-6601

3. DATE (mo., day, & yr.)

6-23-87

III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industries or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☒ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):

(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

10

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

29° 26' 48" N

2. LONGITUDE (deg.-min.-sec.)

96° 23' 54" W

E. ARE THERE BUILDINGS ON THE SITE?

☒ 1. NO

☐ 2. YES (specify):

Reviewed by GHES  
Date

IV. CHARACTERIZATION OF SITE ACTIVITY							
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.							
X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	<input checked="" type="checkbox"/>	3. OPEN DUMP
	4. TRUCK	<input checked="" type="checkbox"/>	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/>	4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/>	5. MIDLIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Waste oils were dumped on roads and in drainage ditches. Allegations of chemical wastes being dumped have been made. There may be 2 pits and a holding tank on-site.

V. WASTE RELATED INFORMATION					
A. WASTE TYPE	<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. LIQUID <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS				
B. WASTE CHARACTERISTICS	<input checked="" type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input checked="" type="checkbox"/> 5. HIGHLY VOLATILE <input checked="" type="checkbox"/> 6. TOXIC <input checked="" type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input checked="" type="checkbox"/> 9. FLAMMABLE <input type="checkbox"/> 10. OTHER (specify):				
C. WASTE CATEGORIES	1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. UNKNOWN				
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMELTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Oily wastes, unknown alleged chemical wastes.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

All information concerning allegations of chemical wastes being dumped is located in a confidential file in EPA Region VI Headquarters. (See Attachment A).

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			Allegations of chemicals being dumped on road.
3. NON-WORKER INJURY/EXPOSURE	X			See VI. 2.
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			See VI. 2.
6. CONTAMINATION OF FOOD CHAIN	X			See VI. 2.
7. CONTAMINATION OF GROUND WATER	X			See VI. 2.
8. CONTAMINATION OF SURFACE WATER	X			See VI. 2.
9. DAMAGE TO FLORA/FAUNA	X			See VI. 2.
10. FISH KILL	X			See VI. 2.
11. CONTAMINATION OF AIR	X			See VI. 2.
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			See VI. 2.
14. PROPERTY DAMAGE	X			See VI. 2.
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			See VI. 2.
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES	X			See VI. 2.
21. MIDNIGHT DUMPING	X	X		See VI. 2.
22. OTHER (specify):				

## VII. PERMIT INFORMATION

## A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☒ 10. OTHER (specify): No permits have been issued.

## B. IN COMPLIANCE? N/A

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

## 4. WITH RESPECT TO (list regulation name &amp; number):

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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## ATTACHMENT A

POTENTIAL HAZARDOUS WASTE S...  
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding  
number on form

Additional Remark and/or Explanation

V. C. 4.

The FIT recommends a reconnaissance inspection in order to determine if possible, exact location of chemical dumping. If necessary, a sampling plan should be formulated based on this inspection.





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